

**AMBULANCE REVENUE and COST REPORT**  
**FIRE DISTRICT and SMALL RURAL COMPANY**

Arizona Department of Health Services  
Annual Ambulance Financial Report

City of Somerton  
Reporting Ambulance Service

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Address: 110 N. State Ave., PO Box 638

City: Somerton Zip: 85350

**Report Fiscal Year**

From: July 1, 2011 To: June 30, 2012

Mo. Day Year Mo. Day Year

*I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.*

*This report has been prepared using the accrual basis of accounting.*

Authorized Signature:

Douglas Bradley Date: 1/1/2013

Print Name and Title:

DOUG BRADLEY FINANCE DIRECTOR

Phone:

928-722-7342

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
Phoenix, AZ 85007-3248  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

### AMBULANCE SERVICE ENTITY:

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

### STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	<u>270</u>	<u>1,703</u>	<u>712</u>	<u>2,685</u>
2	Number of BLS Billable Transports:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
3	Number of Loaded Billable Miles:	<u>3,240</u>	<u>30,654</u>	<u>17,088</u>	<u>50,982</u>
4	Waiting Time (Hr. & Min.):	<u></u>	<u></u>	<u></u>	<u>-</u>
5	Canceled (Non-Billable) Runs:	<u></u>	<u></u>	<u></u>	<u>-</u>

### AMBULANCE SERVICE ROUTINE OPERATING REVENUE

6	ALS Base Rate Revenue	<u></u>	\$ <u>2,405,626</u>
7	BLS Base Rate Revenue	<u></u>	<u>-</u>
8	Mileage Charge Revenue	<u></u>	<u>93,807</u>
9	Waiting Charge Revenue	<u></u>	<u>-</u>
10	Medical Supplies Charge Revenue	<u></u>	<u>-</u>
11	Nurses Charge Revenue	<u></u>	<u>-</u>
12	Standby Charge Revenue (Attach Schedule)	<u></u>	<u>-</u>
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE	(Post to Page 3, Line 1)	\$ <u>2,499,433</u>

### SALARY AND WAGE EXPENSE DETAIL

#### GROSS WAGES:

\*\* No. of FTE's

14	Management	\$ <u>71,319</u>	<u>1.0</u>
15	Paramedics and IEMTs	\$ <u>384,814</u>	<u>7.0</u>
16	Emergency Medical Technician (EMT)	\$ <u>384,814</u>	<u>7.0</u>
17	Other Personnel	\$ <u></u>	<u></u>
18	Payroll Taxes and Fringe Benefits - All Personnel	\$ <u>226,957</u>	<u></u>
19	Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10)	\$ <u>1,067,905</u>	<u></u>

\* This column reports only those runs where a contracted discount rate was applied.

\*\* Full-time equivalents (F.T.E.) is the sum of all hours for which employees wages were paid during the year divided by 2080.

# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY:

City of Somerton

FOR THE PERIOD

FROM:

July 1, 2011

TO:

June 30, 2012

### SCHEDULE OF REVENUES AND EXPENSES

Line No.	DESCRIPTION		
<b>Operating Revenues:</b>			
1	Total Ambulance Service Operating Revenue	(From: Page 2, Line 13)	\$ 1,741,644
<u>Settlement Amounts:</u>			
2	AHCCCS		570,812
3	Medicare		189,014
4	Subscription Service		620
5	Contractual		197,736
6	Other		15,780
7	Total	(Sum of Lines 2 through 6)	973,962
8	Total Operating Revenue	(Line 1 minus Line 7)	\$ 767,682
<b>Operating Expenses:</b>			
9	Bad Debt		\$
10	Total Salaries, Wages, and Employee-Related Expenses	(From: Page 2, Line 19)	758,273
11	Professional Services		6,852
12	Travel and Entertainment		3,555
13	Other General Administrative		22,123
14	Depreciation		-
15	Rent / Leasing		-
16	Building / Station		12,225
17	Vehicle Expense		73,024
18	Other Operating Expense		7,597
19	Cost of Medical Supplies Charged to Patients		15,530
20	Interest		-
21	Subscription Service Sales Expense		10,842
22	Total Operating Expense	(Sum of Lines 9 through 21)	910,022
23	Total Operating Income or (Loss)	(Line 8 minus Line 22)	\$ (142,340)
24	Subscription Contract Sales		
25	Other Operating Revenue		
26	Local Supportive Funding		
27	Other Non-Operating Income (Attach Schedule)		
28	Other Non-Operating Expense (Attach Schedule)		
29	NET INCOME or (LOSS) Before Income Taxes	(Sum of Lines 23 through 27, minus Line 28)	\$ (142,340)
<b>Provision for Income Taxes:</b>			
30	Federal Income Tax		-
31	State Income Tax		-
32	Total Income Tax	(Line 30, plus Line 31)	-
33	Ambulance Service Net Income (Loss)	(Line 29, minus Line 32)	(142,340)

# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: City of Somerton

FOR THE PERIOD FROM: July 1, 2011 TO: June 30, 2012

### BALANCE SHEET

#### ASSETS

##### CURRENT ASSETS

1 Cash ..... \$ \_\_\_\_\_  
2 Accounts Receivable .....  
3 Less: Allowance for Doubtful Accounts .....  
4 Inventory .....  
5 Prepaid Expense .....  
6 Other Current Assets .....  
7 TOTAL CURRENT ASSETS ..... \$ \_\_\_\_\_

9 PROPERTY & EQUIPMENT .....  
10 Less: Accumulated Depreciation .....  
11 OTHER NON CURRENT ASSETS .....  
12 TOTAL ASSETS ..... \$ \_\_\_\_\_

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#### LIABILITIES & EQUITY

##### CURRENT LIABILITIES

13 Accounts Payable ..... \$ \_\_\_\_\_  
14 Current Portion of Notes Payable .....  
15 Current Portion of Long-Term Debt .....  
16 Deferred Subscription Income .....  
17 Accrued Expenses and Other .....  
18 .....  
19 .....  
20 TOTAL CURRENT LIABILITIES ..... \$ \_\_\_\_\_

21 NOTES PAYABLE .....  
22 LONG-TERM DEBT, OTHER .....  
23 TOTAL LONG-TERM DEBT .....  
24 .....  
25 .....  
26 .....  
27 .....  
28 .....  
29 .....  
30 Fund Balance .....  
31 TOTAL EQUITY .....  
32 TOTAL LIABILITIES & EQUITY ..... \$ \_\_\_\_\_

##### EQUITY & OTHER CREDITS

###### Paid-In Capital:

24 Common Stock .....  
25 Paid-In Capital in Excess of Par Value .....  
26 Contributed Capital .....  
27 Retained Earnings .....  
28 .....  
29 .....  
30 Fund Balance .....  
31 TOTAL EQUITY .....  
32 TOTAL LIABILITIES & EQUITY ..... \$ \_\_\_\_\_

# AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

## STATEMENT OF CASH FLOWS

### OPERATING ACTIVITIES:

1 Net (loss) Income ..... \$ \_\_\_\_\_

*Adjustments to Reconcile Net Income to Net Cash*

*Provided by Operating Activities:* Note: a increase in these accounts improves cash flow

2 Depreciation Expense ..... \_\_\_\_\_

3 Deferred Income Tax ..... \_\_\_\_\_

4 Loss (gain) on Disposal of Property & Equipment ..... \_\_\_\_\_

*(Increase) Decrease in:*

Note: a decrease in these accounts improves cash flow

5 Accounts Receivable ..... \_\_\_\_\_

6 Inventories ..... \_\_\_\_\_

7 Prepaid Expenses ..... \_\_\_\_\_

*Increase (Decrease) in:*

Note: a increase in these accounts improves cash flow

8 Accounts Payable ..... \_\_\_\_\_

9 Accrued Expenses ..... \_\_\_\_\_

10 Deferred Subscription Income ..... \_\_\_\_\_

11 NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES ..... \$ \_\_\_\_\_

### INVESTING ACTIVITIES:

12 Purchases of Property & Equipment ..... \_\_\_\_\_

13 Proceeds from Disposal of Property & Equipment ..... \_\_\_\_\_

14 Purchases of Investments ..... \_\_\_\_\_

15 Proceeds from Disposal of Investments ..... \_\_\_\_\_

16 Loans Made ..... \_\_\_\_\_

17 Collections on Loans ..... \_\_\_\_\_

18 Other ..... \_\_\_\_\_

19 NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES ..... \_\_\_\_\_

### FINANCING ACTIVITIES:

*New Borrowings:*

20 Long-Term ..... \_\_\_\_\_

21 Short-Term ..... \_\_\_\_\_

*Debt Reduction:*

22 Long-Term ..... \_\_\_\_\_

23 Short-Term ..... \_\_\_\_\_

24 Capital Contributions ..... \_\_\_\_\_

25 Dividends Paid ..... \$ \_\_\_\_\_

26 NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES ..... \_\_\_\_\_

27 NET INCREASE (Decrease) IN CASH ..... \_\_\_\_\_

28 CASH AT BEGINNING OF YEAR ..... \_\_\_\_\_

29 CASH AT END OF YEAR ..... \_\_\_\_\_

### SUPPLEMENTAL DISCLOSURES:

*Non-cash Investing and Financing Transactions:*

30 ..... \_\_\_\_\_

31 ..... \_\_\_\_\_

32 ..... \_\_\_\_\_

33 Interest Paid (Net of Amounts Capitalized) ..... \_\_\_\_\_

34 Income Taxes Paid ..... \$ \_\_\_\_\_

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## INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company

### AR&CR PAGE 1: COVER

Enter (1) the name of the ambulance service; (2) address; (3) fiscal year time period; (4) print name and title of the ambulance service's authorized representative; (5) phone number we can call if we have questions; (6) signature of authorized representative and date.

### AR&CR PAGE 2: STATISTICAL SUPPORT DATA

Enter the name of the ambulance service and the fiscal year reporting period. This is "self-posting" to all worksheets upon entering the information on Page 1, Cover Sheet.

#### Lines 1 & 2

Enter the number of advanced life support (ALS) and basic life support (BLS) transports for each of the three categories and total all in column 4.

#### Lines 3 & 4

Enter the number of loaded billable miles and waiting time, for each of the three categories and total all in column 4.

#### Line 5

Enter the total number of canceled runs in column 4.

#### Lines 6, 7, 8, and 9.

Enter the total dollar amounts - (line 6) ALS Base Rate Revenues; (line 7) BLS Base Rate Revenues; (line 8) Mileage Charge Revenues, and (line 9) Waiting Time Revenues.

#### Line 10

Enter the total gross billing of Medical Supplies to patients in column 4.

#### Line 11

Enter the total gross billing of Nurse Charges to patients in column 4.

#### Line 12

Enter the total Standby Time Charges in column 4. Please attach schedule identifying sources.

#### Line 13

Total Lines 6 through Line 12. This figure is posted to Page 3, Line 1.

#### Line 14

Enter the total dollar salary/wage allocated and paid to Manage the ambulance service. Also identify the management full-time-equivalents (FTE) allocated to the ambulance service (management hours divided by 2,080)

#### Line 15 and 16

Enter the total dollar salary/wage allocated and paid to (15) Paramedics and Intermediate Emergency Medical Technician (IEMT) and (16) Emergency Medical Technician (EMT). Also identify the Paramedics, IEMT and EMT full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

#### Line 17

Enter the total dollar salary/wage allocated and paid to Other Personnel involved with the ambulance service. (Examples are: Dispatcher, Mechanics, Office Personnel). Also identify Other Personnel full-time-equivalents (FTE) allocated to the ambulance service (total hours divided by 2,080).

#### Line 18

Enter the total dollar allocated to Payroll Taxes and Fringe Benefits for employees included in Lines 14 through Lines 17.

#### Line 19

Total the dollar Lines 14 through Line 18. This figure is posted to Page 3, Line 10.

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**INSTRUCTIONS - Short Report; AR&CR Fire District & Small Rural Company**

**AR&CR PAGE 3: SCHEDULE OF REVENUES AND EXPENSES**

Enter the name of the ambulance service and the fiscal year reporting period.

**Line 1**

Enter the Total Routine Operating Revenue figure identified on Page 2, Line 13.

**Line 2**

Enter Settlement amounts from Arizona Health Care Cost Containment System (AHCCCS) transports. Specifically, AHCCCS Settlement equals Billed Charges, minus Amount Paid. Do not include settlement amounts resulting from a Subscription Service Contract.

**Line 3**

Enter Settlement amounts from Medicare transports. Specifically, Medicare Settlement equals Billed Charges, minus Allowed Charges. Do not include settlement amounts resulting from a Subscription Service Contract.

**Line 4**

Enter Settlement amounts from Subscription Service transports. Specifically, Subscription Service Settlement equals Billed Charges, minus Amount Paid.

**Line 5**

Enter Settlement amounts from Contract transports. Specifically, Contract Discounts equals Billed Charges, minus Amount Paid.

**Line 6**

Enter Settlement amounts from all other sources.

**Line 7**

Total Lines 2 through Line 6. Result is Total Settlements

**Line 8**

Subtract Line 7 from Line 1. Result is Total Operating Revenue

**Line 9**

Enter either the actual or allocated bad debt expense shared with the Fire Department or other departments.

**Line 10**

Enter the Total Salaries, Wages, Taxes, and Benefits Expense figure identified on Page 2, Line 19.

**Line 11 through Line 21**

Enter either the actual or allocated expenses shared with the Fire Department or other departments.

**Line 22**

Total Lines 9 through 21. Result is Total Operating Expense

**Line 23**

Subtract Line 22 from Line 8. Result is Total Operating Income or (Loss)

**Line 24**

Enter the gross amount of dollars received from Subscription Service Contract sales

**Line 25**

Enter the amount of Other Operating Revenues, such as grant monies, interest earned, patient finance charge revenues.

**Line 26**

Enter the total amount of Local Support Dollars to the ambulance service, such as tax monies.

**Line 27**

Enter Other Non-Operating Revenues, such as donations, sales of assets, fund raisers. Please attach schedule.

**Line 28**

Enter Other Non-Operating Expenses, such as civil fines, penalties, loss on sale of assets. Please attach schedule.

**Line 29**

Total Lines 23, plus Lines 24 through 27, minus Line 28. Result is Net Income or (loss) Before Income Taxes

**Lines 30, 31 and 32**

Enter Federal & State Income Taxes and total

**Line 33**

Subtract Line 32 from Line 29. The result is Ambulance Service Net Income (Loss) After Income Taxes

**AR&CR PAGES 4 & 5: BALANCE SHEET & STATEMENT OF CASH FLOWS**

Current audited financial statements may be submitted in lieu of these pages.

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